

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Am</i>	<i>67014</i>	<i>11/8/12</i>
O.I.P.E. CLASSIFIER	<i>Am</i>	<i>32</i>	<i>11/11</i>
FORMALITY REVIEW		<i>6848</i>	
RESPONSE FORMALITY REVIEW			<i>1280</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
" ..... Allowed      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/13/12
2	✓	✓	11/13/12
3	✓	✓	11/13/12
4	✓	✓	11/13/12
5	✓	✓	11/13/12
6	✓	✓	11/13/12
7	✓	✓	11/13/12
8	✓	✓	11/13/12
9	✓	✓	11/13/12
10	✓	✓	11/13/12
11	✓	✓	11/13/12
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49	✓	✓	11/13/12
50	✓	✓	11/13/12

Claim	Final	Original	Date
51	✓	✓	11/13/12
52	✓	✓	11/13/12
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99	✓	✓	11/13/12
100	✓	✓	11/13/12

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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